

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/068528

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2			1			
3						
4			(1)			
5			2			
6			(1)			
7			(1)			
8			2			
9			2			
10			2			
11			2			
12			2			
13			2			
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47			2			
48			2			
49			2			
50			2			
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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51		2	
52		2	
53		2	
54		2	
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99			
100			
TOTAL IND.		2	
TOTAL DEP.		2	
TOTAL CLAIMS		134	